

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/506872**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51	1					
2	1						52	1					
3	1						53	1					
4	1						54	1					
5	1						55	1					
6	1						56	1					
7	1						57	1					
8	1						58	1					
9	1						59	1					
10	1						60	1					
11		10					61		1				
12		10					62		1				
13	1						63		1				
14	1						64		1				
15		1					65		1				
16		2					66	1					
17		2					67	1					
18		2					68	1					
19		2					69	1					
20		2					70	1					
21		2					71	1					
22		1					72	1					
23		2					73	1					
24		2					74	1					
25		2					75	1					
26		2					76	1					
27		3					77	1					
28	1						78	1					
29	1						79	1					
30	1						80	1					
31	1						81	1					
32	1						82	1					
33	1						83	1					
34	1						84	1					
35	1						85	1					
36	1						86	1					
37	1						87	1					
38	1						88	1					
39		1					89	1					
40		1					90	1					
41	1						91	1					
42	1						92	1					
43		1					93	1					
44		1					94	1					
45		1					95	1					
46		1					96	1					
47		1					97	1					
48		1					98	1					
49	1						99	1					
50	1						100	1					
TOTAL IND.							TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						

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CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
101		/				
102		/				
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149						
150						
TOTAL IND.	4	↓		↓		↓
TOTAL DEP.	40	←		←		←
TOTAL CLAIMS	44					

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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198						
199						
200						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						